

## PART B - FEE(S) TRANSMITTAL

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05/10/2004

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08/12/2004 EFL0RES1 00000026 09842522

01 FC:1501

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Robert C. Scheinfeld, PTO#31,300 (Depositor's name)

(Signature)

August 10, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/842,522	04/25/2001	Edward J. Hogan	070457.0682	7803

TITLE OF INVENTION: FINANCIAL TRANSACTION CARD WITH INSTALLMENT LOAN FEATURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FRECH, KARL D	2876	235-379000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BAKER BOTTS LLP

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MasterCard International Incorporated

Purchase, New York

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4377 (enclose an extra copy of this form).

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(Authorized Signature)

(Date) 8-10-2004

Robert C. Scheinfeld, PTO#31,300

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